

Name
in
Full

John A. Adams

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} St. George's Island^{County} St. Mary'sDate of death 1906. ^{Month} Dec.^{Day} 12Age ^{Years} 52^{Months} —^{Days} —

Sex Male

Color or Race White

Birth-place St. Mary's Co. Md.

Occupation Waterman

Where Residing If not at place of death

Married, Single or Widowed Widowed

Name of Wife or Husband

Father's Name John F. Adams

Father's Birthplace St. Mary's Co. Md.

Mother's Maiden Name Elizabeth Ridgell

Mother's Birthplace St. Mary's Co. Md.

Name of person giving information Jasper Adams

How related to deceased Son

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long One Year.

Immediate

Are the name, age, sex, color, date and place correctly given above?

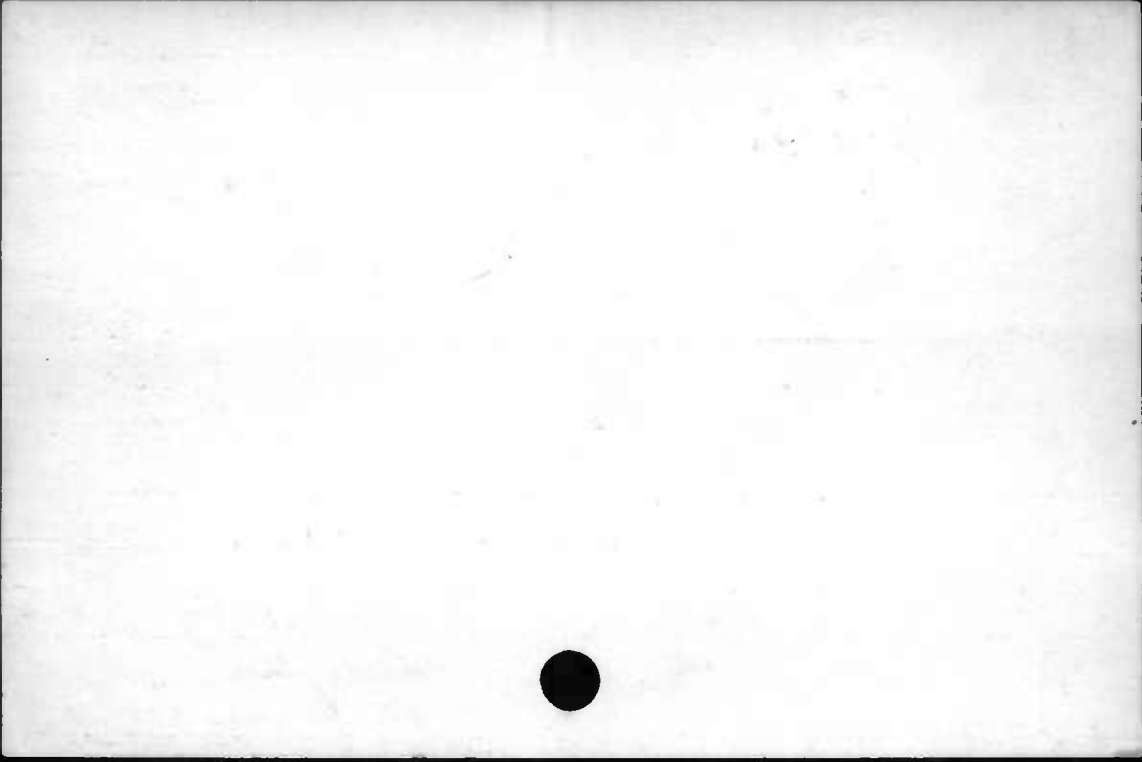
Yes

Signature of Physician

T. Hooper Lynch, M.D.
Address Valley Lee, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Ethel Brayton

CERTIFICATE OF DEATH

Died at ^{Town} Charlotte Hall^{County} St Mary's

MARYLAND

Date of death 1906 ^{Month} Dec ^{Day} 30thAge ^{Years} 2^{Months} — ^{Days} 10

Sex Female

Color or Race Colored

Birthplace Charlotte Hall Md.

Occupation —

Where Residing If not at place of death Charlotte Hall Md.

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Charles Edward Brayton

Father's Birthplace Charlotte Hall Md.

Mother's Maiden Name Lizzie Goodring

Mother's Birthplace Charlotte Hall Md.

Name of person giving information Charles E. Brayton

How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia

How long Two days

Immediate Exhaustion, due to Consumption

How long Two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Levin J. Eothorn

Address Charlotte Hall, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *John R. Brown* Town *Holly and* County *St Marys*

Died at *Holly and*

Date of death *1906* Month *12* Day *25* Age *31* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *Sister Brown*

Father's Name *Jim Brown* Father's Birthplace *Ind*

Mother's Maiden Name *Miss Peggy* Mother's Birthplace *Ind*

Name of person giving information *Amos Brown* How related to deceased *Brother in Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

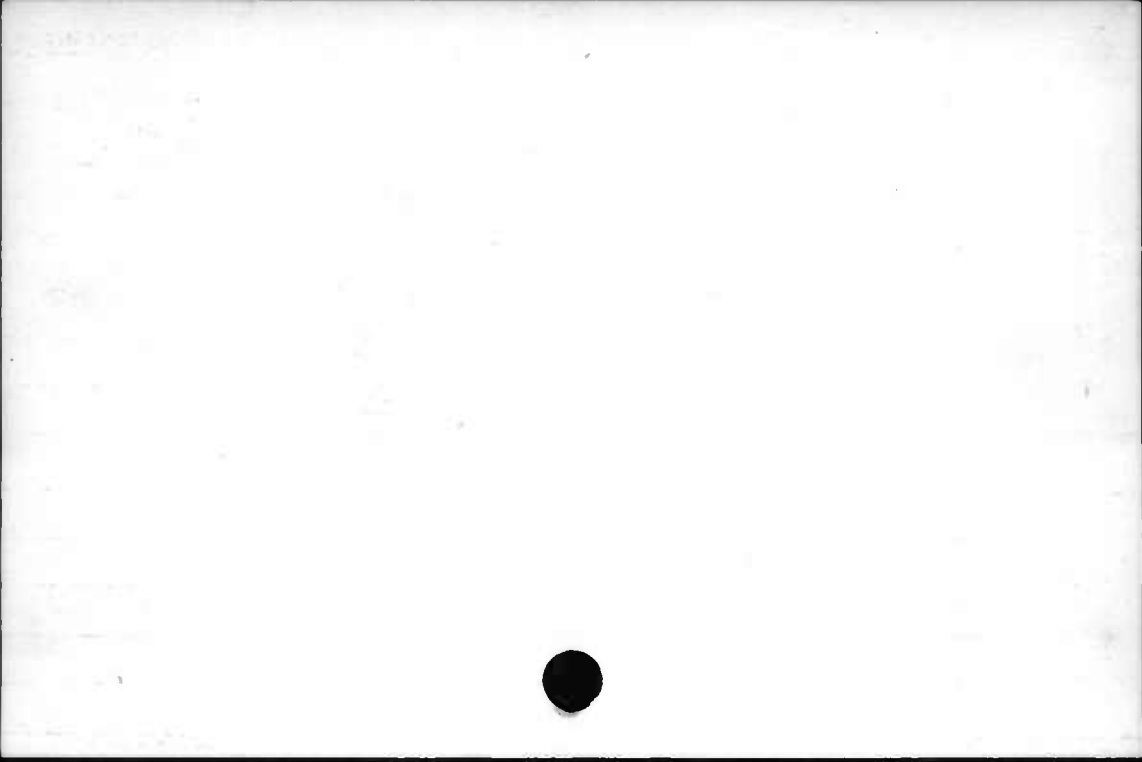
Primary *Tuberculosis* How long *Amos*

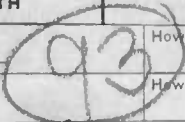
Immediate *27* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. O. King*

Lyman I. Howard Address *Crofton Md*

Accident or Suicide?



Name in Full		Robert Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Valley Lee.		County St. Marys		MARYLAND	
	Date of death	1906	Month	Dec.	Day	26	Age 67	
	Sex Male		Color or Race Colored		Birthplace St. Marys Co. Md.		Months	
	Occupation Laborer		Where Residing if not at place of death					
	Married, Single or Widowed Married		Name of Wife or Husband Ellen Brown					
	Father's Name Jessie Brown		Father's Birthplace St. Marys, Md.					
	Mother's Maiden Name Liza Chesley		Mother's Birthplace St. Marys, Md.					
	Name of person giving information Ellen Brown		How related to deceased Wife					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pneumonia		How long 8 days			
	Immediate							
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician T. Horpe Lynch, M.D.			
			Address		Valley Lee, St. Marys Co. Md.			
	Accident or Suicide?							



Name
in
Full

L. G. R. Goors

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sand Gates* Town*St Mary's* CountyDate
of death *1906*Month
*12*Day
*12*Age
76 Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Ind*Occupation
*Farmer*Where Residing If not
at place of deathMarried, ~~Single~~
~~Widowed~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*R. H. Spelding*How related
to deceased*By Marriage*

CAUSES OF DEATH

Primary

Paralysis

How long

3 years

Immediate

Strangulation

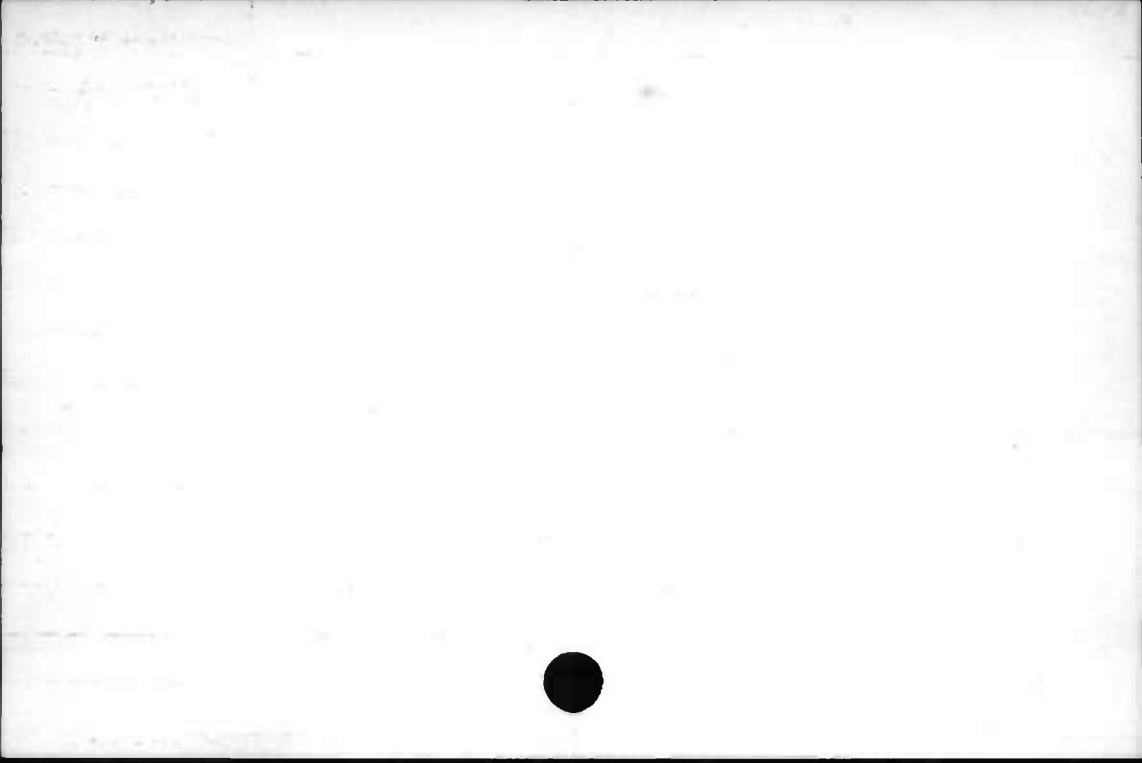
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

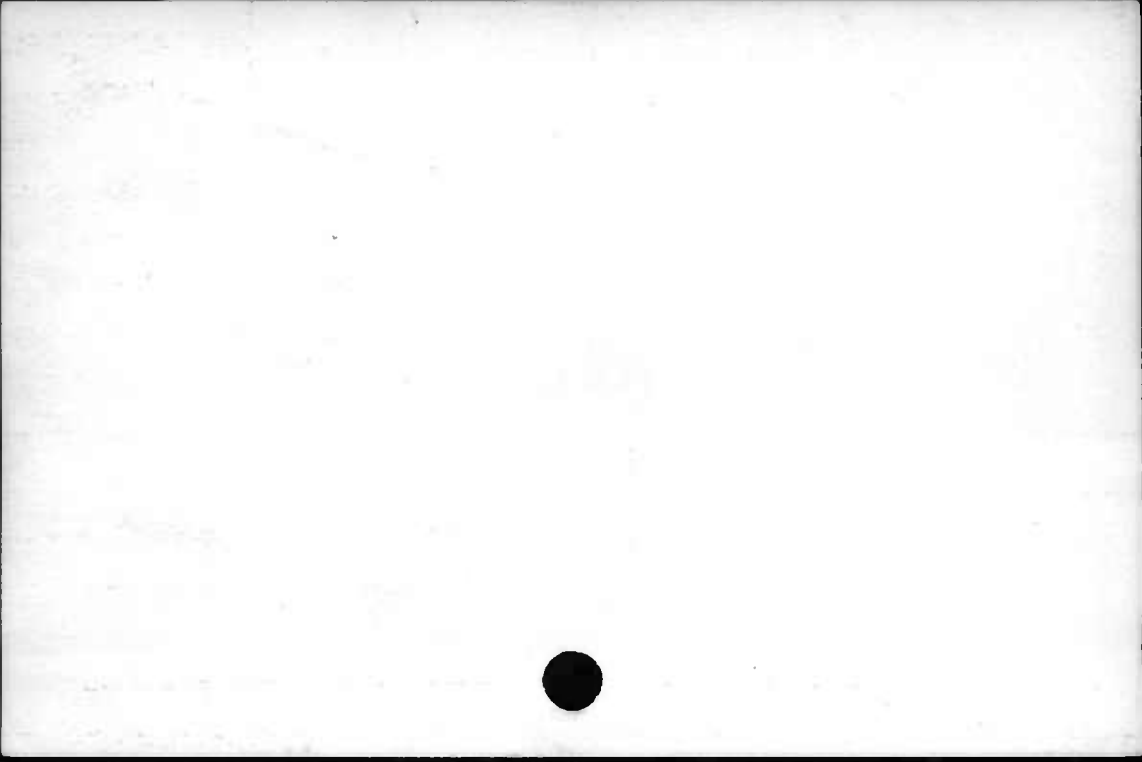
Address

J. O. King
Overkill

Accident or Suicide?



Name in Full <i>R.A. Huey</i>		Town <i>Hollywood</i>		County <i>St. Mary's</i>		CERTIFICATE OF DEATH	
Died at						MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec.	9	45			
Sex		Color or Race		Birth-place			
Male		Black		Ind.			
Occupation		Where Residing if not at place of death					
By steerman							
Married, Single or Widowed		Name of Wife or Husband					
Married							
Father's Name		Father's Birthplace					
Lee Huey		Ind.					
Mother's Maiden Name		Mother's Birthplace					
S. Butler							
Name of person giving information		How related to deceased					
Alfred Edwards		By Marriage					
CAUSES OF DEATH							
Primary		How long					
Tuberculosis		Six mo.					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		J. O. King					
so far as I know		Address					
		Cockfield Ind.					
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William J. Bean		Town Valley Lee		County St. Mary's		State MARYLAND	
Died at		Date of death 1906 Dec. 14		Age 46		Months — Days —	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Merchant		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Emma M. Bean					
Father's Name John Lewis Bean		Father's Birthplace St. Mary's Co. Md.					
Mother's Maiden Name Amanda Stone		Mother's Birthplace St. Mary's Co. Md.					
Name of person giving information Emma M. Bean,		How related to deceased Wife -					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause Tuberculosis		How long 2 Years	
Immediate Cause		How long	
Are the name, age, sex, color, date and place correctly given above? Yes -		Signature of Physician J. Hooper Sargent, M.D.	
		Address Valley Lee, St. Mary's Co. Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rebecca Purcell</i>		Town <i>Valley Lee</i>		County <i>St. Mary's</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Dec.</i>		Day <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>70</i>		Years <i>70</i>	
Birth-place <i>Charles County Md.</i>		Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name or Wife or Husband <i>William Purcell</i>					
Father's Name <i>Wm. Dent</i>		Father's Birthplace <i>Charles County Md.</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Charley Purcell</i>		How related to deceased <i>Step-son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric Carcinoma</i>	How long	<i>About 2 Years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>T. Horner Esq. M.D.</i>
		Address	<i>Valley Lee, St. Mary's Md.</i>
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Agnes Gertrude Russell,

Died at ^{Town} Valley Lee^{County} St. Mary's

MARYLAND

Date
of death 1906Month
Dec.Day
26

Age

Years

Months

Days
6

Sex

Female

Color or
Race

White

Birth-
place

Valley Lee, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph Russell

Father's
Birthplace

St. Mary's Co. Md.

Mother's
Maiden Name

Mary Janette Bailey,

Mother's
Birthplace

St. Mary's Co. Md.

Name of person giving
In formation

Joseph Russell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Petasus Monotonum

How long

24 hours

Immediate

Cerebral Congestion

How long

Probably 4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

T. Horner Lynch, M.D.

Address

Valley Lee,

St. Mary's Co. Md.

Accident or Suicide?

